-		PENSE CLAIN					nd Privac					***		
CLAIMANT'S	NAME				Stateme		rerse Side			DEPARTME	Page	1	of	3
Larry C	Grable							200 a.c.		Office	of the Go	vernor		
POSITION CB/ID NUMBER					ER	DIVISION OR BUREAU INDEX NUMBER								
Directo			-			Riversio	de Ters addres	SS				TELEPHONE	NUMBER	
						3737 M	ain St #.	201						
						СПҮ				STATE			ZIP	
					Riverside				CA		9250		T	
MONTH/YEAR		LOCATION			MEALS		-		T T	CARFARE,			BUSINESS	TOTAL
		WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		TOLLS,	PRIVATE CAR USE		EXPENSE	EXPENSES
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY
1-Apr	1	Academy Project									34	15 13		15.13
2-Apr	2	Dsesert Hot Springs (GRC								124	55 18	/	55 18
3.,5ұп	3	IEUA Solar Event									58	25.81		25.81
3-Apr	4	Healthy San Bernardi	no								307	13.35		13-35
9-Apr	5	So Cal Transportation	a & Logistic	es Confèren	ce						56	24 92		24.92
9-Арт	6	SANBAG Groundbre	aking								32	14 24		14 24
9-Apr	7	Fontana Leg Days									22	9 7 9		9 79
9-Apr	8	Riverside Sheriff Grad	luation								40	17.80		17.80
9-Apr	9	IEEP Reception									S	3 56		3 56
10-Арт	10	Moreno Valley Chaml	ber								62	27 59	,	27 59
10-Apr	11	Pass Area EDA									74	32 93		32 93
10- Apr	12	S/W Leg Coalition									76	33.82		33.82
13-Арг	13	SB Salvation Army									36	16 02		16 02
		DTALS	0.00	0.00	0.00	0.00	0.00	0 00	0.00	0.00	652	290 14	0.00	
COLUMN	CODE (A	CCTG. USE ONLY)												
	CLAIM	TOTAL						2	P20	5= 8	154.8	55	\$290	J.14 ₅
		P, REMARKS AND [DETAILS ((Attach rec	eipts whe	n required)		,		NORMAL W	ORK HOU	RS	
See attat	ched she	et								-				
						NOW O PRODUCTION OF	100			I	PRIVATE VE 4HRU721	EHICLE LIC	ENSE NUI	MBER
											MILEAGE R.	ATE CLAIN	1ED	
											0 445	7		
											AGENC	Y ACCOU		FFICE
		t the above is a true statem whed vehicle was used an								1	N	USE O		
		ned, and that I have met th								(uai 10 0)	PADBY	REVOLVING FL	NO CHECK NO	IMBER
pertaining to	vehicle safet	y and seat belt usage									0	40	2/	
					T17	9							ATE /	/
					1.12.	1							2/18/1	59
SIGNATUREÃ	F TITLE OF A	UTHORITY FOR SPECIAL EX	PENSES	- Management								D	ATE	
													6-1-	-09

		PENSE CLAIN	1		See Instr	ructions a	nd Privac	y							
STD 262 (REV 10 92) Stateme					nt on Reverse Side SSAN OR EMPLOYEE NUMBER DEPARTM					Page	2	of	3		
Larry G	rable									Office	of the Go	vernor			
POSITION				CB/ID NUMB	ER		22.460					INDEX NUMB	ER		
						Riversio	de TERS ADDRES	SS			TELEPHONE NUMBER				
						3737 M	lain St #	201					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
						СПҮ			10-10-1	STATE			ZIP		
		T	 			Riversio	de			CA			92501		
MONTH/YEAR		LOCATION WHERE EXPENSES	LODGING		MEALS		INCIDENTALS		T	RANSPORTAT	Tion		BUSINESS	TOTAL	
								COST OF		CARFARE,	PRIVATE CAR USE				
DATE	TIME	WERE INCURRED		BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY	
14-Apr	14	California Volunteer									26	11 57		11 57	
15-Apr	15	Rancho Cucamonga l	Legislative	Affairs							22	9.79		9 79	
15-Apr	16	Thriving & Surviving	in these Ed	conomic tin	nes						26	11 57		11 57	
15-Apr	17	Disaster Corp									40	17 80		17.80	
16-Арг	18	Corona State of the C	ity								30	13 35		13.35	
16-Арг	19	Friends of the Ontario	Airport								52	23 14		23 14	
20-Apr	20	SB CDF									44	19.58		19.58	
20-,Apr	21	Murrieta/Temecula/L	ake Argond	end Cham	pers						78	34 71	,	34 71	
21-Apr	72	Watham Academy									24	10 68		10 68	
21-Apr	23	Desert Water			-						108	48 06		48 06	
21-50	24	Jewish Federation of I	'alm Spring	2s							44	19.58		19.58	
21-Арг	25	Palm Springs Leg									8	3 56		3.56	
21-Apr	26	SB Sheriff Council Di	nner								28	12 46		12.46	
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	530	235 \$5	0 00		
											4				
L		TOTAL											\$23.	5.85	
PURPOSI See attat		P, REMARKS AND (eet	DETAILS	(Attach red	eipts whe	n required)				NORMAL V	VORK HOU	RS		
											PRIVATE V	EHICLE LIC	ENSE NU	MBER	
										4HRU721					
										MILEAGE RATE CLAIMED					
											0 445	V AČCOL	NTINGO	CELOR	
THEREBY C	ERTIFY, Tha	t the above is a true staten	nent of the tra	avel expense:	s incurred by	me in accord	lance with DF	A rules in the	e service of th	ne State of	AGENC	Y ACCOU		FFICE	
		wned vehicle was used an								1	PAID BY	REVOLVING FU		JMBER	
greater than t	ine rate clain	ned, and that I have met th	e requiremen	nts as prescri	bed by SAM	Sections 075	0, 0751,0752	, 0753 and 0	754						
peria con to	ush ele cafel	y and coal hell usage		· .	DATE	1									
CLANV					5-13	_c,						D	ATE /		
					フレ	/							3//8/	09	
SIGNA												D	ATE		
												(2-1-	-09	

TPAV/	FLEXE	PENSE CLAIM		9	Soo Instri	uctions ar	nd Privacu	,								
57 - #85						ructions and Privacy ent on Reverse Side					Page	3	of	' 2		
CLAIMANT'S NAME						SSAN OR EMPLOYEE NUMBER DEPARTME					NT					
Larry Grable						NO NOIGHIGH	BUNEAU	-		of the Governor						
Director						Riversic	łe									
RESIDENCE ADDRESS							ERS ADDRES	S			TELEPHONE NUMBER					
							ain St #2	201								
				CITY STATE							ZIP					
MONTH/YEAR LOCATION				MEALS	Riversic	I I	CA TRANSPORTATI			- ION		92501				
				MEALS				·	CARFARE,	I T			TOTAL			
		WHERE EXPENSES	LODGING				INCIDENTALS	COST OF		TOLLS,	PRIVATE	CAR USE	EXPENSE	EXPENSES		
DATE	TIME	WERE INCURRED	L.,	BREAKFAST	LUNCH	DINNER		TRANS.	TYPE USED	PARKING	MILES	AMOUNT		FOR DAY		
22-Apr	27	CA Municipal Treasu	irers Conf	- 4							108	48 06		48 06		
22-Арт	28	SB Valley Enterprise	Zone								40	17.80		17.80		
22-Apr	29	Earth Day-Chino									56	24 92	/	24 92		
23-Apr	30	Pass Area Mayors Me	eting								64	28 48		28 48		
23-Apr	31	Bannig PD									12	5.34		5 34		
23-Apr	32	Joint Aprrenticeship S	Solar								38	16.91		16 91		
23-Apr	33	League of Cities									162	72.09		72.09		
24Apr	34	League of Cities									32	14 24		14.24		
27-Apr	35	Uturn									102	45 39	/	45.39		
27-Apr	36	Omnitrans									26	11 57		11 57		
28-Арг	37	ISS									. 38	16.91		16-51		
29-Apr	38	March ARB									16	7 12		7 12		
29-Apr	39	Upland State of the Ci	ity								45	20 03		2003		
			0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	739	328.86	ບ ດິນ			
	CLAIM	TOTAL											\$32	8.80		
PURPOS See attat		P, REMARKS AND	DETAILS	(Attach red	ceipts whe	en required	i)				NORMAL WORK HOURS					
Sec atta	icirca sir				10.00	2009	- 10 AWW.			-	PRIVATE VEHICLE LICENSE NUMBER					
											4HRU721					
											MILEAGE RATE CLAIMED					
											0 445					
											AGENCY ACCOUNTING OFFICE					
I HEREBY CERTIFY, That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of											USE ONLY					
	California If a privately owned vehicle was used and if mileage exceeds the minimum rate, I certify the cost of the operating the vehicle was equal to or											PAID BY REVOLVING FUND CHECK NUMBER				
		med, and that I have met the ety and seat belt usage	he requireme	nts as prescr	ibed by SAN	1 Sections 07	50, 0751,075	2, 0753 and	0754							
pertaining to	venicie sale	ty and seat ben usage			DATE		SIGNATURE	OF OFFICER A	APPROVING T	RAVEL AND P	AYMENT		DATE /	1		
					5-	13-07							5/10	120		
					,	- /							DATE	101		
													DATE			
													1 -1	-00		